



## ACCOUNT CHANGE REQUEST

Date: \_\_\_\_\_ Member #: \_\_\_\_\_

Please Choose One: ( ) Name Change ( ) Address Change

Primary Member Name: \_\_\_\_\_

Visa Card #: \_\_\_\_\_ IRA: ( ) Yes ( ) No

Debit Card #(s): \_\_\_\_\_

Phone Change Home: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Employer Change To: \_\_\_\_\_

Address Change From: \_\_\_\_\_

To: \_\_\_\_\_

Name Change From: \_\_\_\_\_

To: \_\_\_\_\_

Primary Member's Signature: \_\_\_\_\_

We need your signature to authorize these changes. Please return the completed form by fax (707) 443-8664

or by mail to:

CSFECU #20

PO Box 1268

Eureka, CA 95502-1268